TNM 05**THE GERMAN COOPERATIVE TNM GASTRIC CANCER STUDY: DESIGN: RESULTS, PROGNOSTIC RELEVANCE**

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UICC, AJCC and JRSGC differ in points of view and definitions concerning TNM categories for gastric cancer. Therefore a surgical-pathological study was started in 22 surgical and 14 pathological units in April 1982 to validate different TNM classifications. Recruitment stopped October 1984, follow-up will continue until 1989. 1445 patients were eligible for study, 65% were men, twothird were older than 60 years. 93% had some type of surgery: total gastrectomy 38%, distal resection 30%, only laparotomy 17%, GE 6%, proximal resection 5%. Weightloss was the most common symptom (48%) and 67% had no gastrointestinal symptoms. Location of primary: Cardia and upper third 38%, middle third 26%, lower third and pylorus 30%, whole stomach 6%. Borrmann Type: I: 7%, II: 24%, III: 30% and IV: 26%. Men who died in hospital were 68, women 70 years old. Those discharged were 63 years (mean). Leakage was the cause of deaths in 22%. Most common postsurgical complications were of cardio-respiratory type (76% of those who died). Depths of tumor invasion, Borrmann type, location of primary, age of the patient, extent of surgical procedure, lymph node status and existence of metastases are of major prognostic influence in patients with cancer of the stomach.

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TNM 07**PROGNOSTIC RELEVANCE OF STAGE AND THERAPY IN OESOPHAGEAL CANCER**

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The prognosis of oesophageal cancer is poor: Anatomically related early longitudinal tumor growth incl. lymphatic mucosal metastases, early regional spread and infiltration of neighboring structures as well as distant metastases. All clinical symptoms are late symptoms. High patient's age with additional risk factors, malnutrition, and the extent of radical surgery result in a low resectability rate and/or high operative mortality. Individual results from literature are almost not comparable because of lack of staging and statements about the operative indication. Experienced Asian surgeons (Ong, Akiyama, Wong) state that surgical resection is almost always palliative with a median survival of 2 years. Better preoperative staging by CT and blind resection without thoracotomy and cervical oesophago-gastrostomy have improved operative results. An operative mortality of 10 % today seems to be possible, but 10 - 20 % seems to be more realistic depending upon the "resectability rate". - Out of 102 patients (1980 - 85) 49 (48 %) were resected (mortality 20.4%) and 9 bypassed (mortality 0). The potentially curative resection rate of the first 25 was 56 %. Survival rates of these potentially curative resected patients were 56 % (1 year), 28 % (2 and 3 years), 19 % (4 years). Without regarding the hospital mortality the 4 year survival rate was 29 %. - Curative and palliative resection, depending upon the clinical state of the patient also gastric bypass, seem to be superior to radiation and endoscopic perturbation, whenever technically feasible.

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TNM 08**EVALUATION OF TNM-CLASSIFICATION IN OPERATED BRONCHUS CARCINOMA PATIENTS**

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The prognostic significance of the TNM-classification was evaluated analyzing 1.332 operated bronchus carcinoma patients, retrospectively. 193 patients (17%) were grouped into pT1-category, 548 patients (47%) into pT2-category and 421 patients (36%) into pT3-category. 560 patients (48%) showed no lymph node metastasis, 306 patients (26%) regional lymph node metastasis and 296 patients (26%) mediastinal lymph node metastasis. The final grouping of the operated patients revealed stage I: 465 patients; stage II: 194 patients; stage III: 516 patients; stage IV: 157 patients.

Analysis of survival showed significant differences for all pT-, pN-categories and tumour stages except nearly identical long-term-survival of patients operated at pT1- and pT2-category.

A higher percentage of 282 patients of an additional prospective study had to be grouped into the pT2-category (68% vs. 47%) compared to patients of the retrospective study. Opposite was found for patients grouped into the pT3-category. Patients without tumour lymph node involvement were less frequent in the prospective study than in the retrospective study (37% vs. 48%). Analysis of survival revealed similarities between patients of the prospective study and the retrospective study if grouped according to pT-categories. However, grouping into the pN-categories revealed significant differences between the prospective study compared to the retrospective study. Survival of prospective analyzed patients with regional lymph node involvement and mediastinal lymph node metastasis was similar.

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TNM 09**PROGNOSTIC RELEVANCE OF TNM-STAGING IN CUTANEOUS T-CELL LYMPHOMAS^{*}**

G. Burg, K. Klepzig, Th. Zwingers, P. Kaudewitz, O. Braun-Falco

Extent and type of skin lesions and extracutaneous spread into lymph nodes and internal organs are known to be important prognostic factors in cutaneous T-cell lymphomas (CTCL). These parameters are reflected in a TNM adapted staging classification of CTCL.

It was the purpose of this retro- and prospective study in a total number of 250 CTCL patients to apply the TNM staging classification and to analyse the material according to the stage related remission time, transient time (transition from one stage to another) and survival time.

The probability of survival is 64% after 5 years and 53% after 8 years. However if the time of symptoms prior to diagnosis also is taken into account, the probabilities of survival are 82%, 63%, and 42% after 5, 10 and 30 years respectively.

These figures indicate, that a nonaggressive (TNM-)stage adapted treatment, as performed in most of these patients, results in a survival time comparable with that reported in the literature for early and primary aggressively treated CTCL.

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